County: Milwaukee DOVE HEALTHCARE AT GLENDALE

1633 WEST BENDER ROAD WITMVIKEE 53200

1033 WEST DENDER RUAD			
MI LWAUKEE 53209 Phone: (414) 228-944	0	Ownershi p:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	128	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	158	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	120	Average Daily Census:	110
The street of th	also also also also also also also also		also de

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	 	Less Than 1 Year 1 - 4 Years	40. 8 32. 5
Supp. Home Care-Household Services		Developmental Disabilities	2. 5	Under 65	28. 3	More Than 4 Years	26. 7
Day Services	No	Mental Illness (Org./Psy)	62. 5	65 - 74	22. 5		
Respite Care	No	Mental Illness (Other)	8. 3	75 - 84	27. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	14. 2	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.8	95 & 0ver	7. 5	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	5. 0		ĺ	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	71. 7		
Transportation	No	Cerebrovascul ar	13. 3			RNs	7. 5
Referral Service	No	Di abetes	7. 5	Sex	% j	LPNs	9. 0
Other Services	No	Respi ratory	0. 0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0.0	Mal e	35. 8	Aides, & Orderlies	33. 3
Mentally Ill	No	İ		Femal e	64. 2		
Provi de Day Programming for		İ	100. 0		j		
Developmentally Disabled	No	İ			100. 0		
***********	****	, ************	*****	******	******	**********	*****

Method of Reimbursement

		ledicare litle 18			edicaid itle 19	=		0ther			Pri vate Pay	;		amily Care			anaged Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	11	10. 6	127	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	11	9. 2
Skilled Care	8	100.0	240	67	64. 4	108	0	0.0	0	4	57. 1	135	0	0.0	0	0	0.0	0	79	65.8
Intermedi ate				26	25. 0	89	1	100. 0	108	3	42. 9	135	0	0.0	0	0	0.0	0	30	25. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		104	100.0		1	100. 0		7	100.0		0	0.0		0	0.0		120	100. 0

DOVE HEALTHCARE AT GLENDALE

Admissions, Discharges, and Deaths During Reporting Period	l					d Activities as of 12	
		ľ		9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	5. 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	1. 3	Bathi ng	12. 5		60. 0	27. 5	120
Other Nursing Homes	12.6	Dressing	26. 7		51. 7	21. 7	120
Acute Care Hospitals	78 . 6	Transferring	35. 8		42. 5	21. 7	120
Psych. Hosp MR/DD Facilities	0.6	Toilet Use	33. 3		33. 3	33. 3	120
Rehabilitation Hospitals	0.0	Eating	62. 5		20. 8	16. 7	120
Other Locations	1.9	********	******	*****	******	********	********
Total Number of Admissions	159	Conti nence		%	Special Treatmen	ts	%
Percent Discharges To:	,	Indwelling Or Extern	nal Catheter	5.8	Receiving Resp	iratory Care	7. 5
Private Home/No Home Health	10. 7	Occ/Freq. Incontiner		70.0	Recei vi ng Trac		2. 5
Private Home/With Home Health	1.3	Occ/Freq. Incontiner	nt of Bowel	64. 2	Receiving Suct	i oni ng Č	3. 3
Other Nursing Homes	3. 4	-			Receiving Osto	my Care	0.8
Acute Care Hospitals	59. 1	Mobility			Recei vi ng Tube		11. 7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4. 2	Receiving Mech	anically Altered Diets	22. 5
Reĥabilitation Hospitals	0.0				9	· ·	
Other Locations	2.0	Skin Care			Other Resident C	haracteri sti cs	
Deaths	23. 5	With Pressure Sores		12. 5	Have Advance D	i recti ves	100. 0
Total Number of Discharges		With Rashes		3. 3	Medi cati ons		
(Including Deaths)	149	İ			Receiving Psyc	hoactive Drugs	69. 2

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

************************************* Ownership: Bed Size: Li censure: 100-199 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 55.6 77. 1 0.72 85. 7 0.65 82.7 0.67 84. 6 0.66 Current Residents from In-County 91.7 82.7 1. 11 86. 1 1.06 **85**. 3 1.08 77. 0 1. 19 Admissions from In-County, Still Residing 27.7 19. 1 1.45 17.5 1.58 21. 2 1.31 20.8 1.33 Admissions/Average Daily Census 144.5 173. 2 0.83 212. 2 0.68 148. 4 0.97 128. 9 1. 12 Discharges/Average Daily Census 135.5 173.8 0.78 210. 1 0.64 150. 4 0.90 130.0 1.04 Discharges To Private Residence/Average Daily Census 16. 4 71.5 0.23 87. 3 0.19 **58.** 0 0.28 52. 8 0.31 Residents Receiving Skilled Care 75. 0 92.8 0.81 93.8 0.80 91.7 0.82 85. 3 0.88 Residents Aged 65 and Older 71.7 86.6 0.83 94.0 0.76 91.6 87. 5 0.82 0. 78 Title 19 (Medicaid) Funded Residents 86. 7 71.1 1. 22 64. 4 68. 7 60. 5 1.43 1.35 1. 26 Private Pay Funded Residents 13. 9 0.22 23.8 22. 0 5. 8 0.42 26. 1 0. 25 0. 27 Developmentally Disabled Residents 2. 5 1. 3 1.87 0.9 2.64 0. 9 7. 6 2.66 0. 33 Mentally Ill Residents 70.8 32. 5 2. 18 27. 3 2.60 32. 2 2. 20 33. 8 2. 10 General Medical Service Residents 0.0 20. 2 0.00 27. 4 0.00 23. 2 0.00 19. 4 0.00 49.3 Impaired ADL (Mean) 45. 2 52.6 0.86 51. 2 0.88 51.3 0.88 0.92 Psychological Problems 69. 2 48.8 1.42 52. 4 1. 32 50. 5 1.37 51. 9 1. 33 Nursing Care Required (Mean) 7. 2 8. 0 7.3 1.09 6. 7 1. 20 1. 11 7. 3 1. 09